

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-2)

03711

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Woolfords
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Woolfords

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Woolfords
(If outside city or town limits, write RURAL and give nearest town)Street No. Woolfords
(If rural, give LOCATION)

2.(a) If veteran, name War

3. (a) FULL NAME

Winnie H. Beal

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Erma H. Stevens6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) March 9, 1871.8. AGE: Years 75 Months 1 Days 20 If less than one day
.....hrs.min.9. Birthplace Woolfords, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Dirt12. Name James Bell13. Birthplace Maryland14. Maiden name Rachel Linthicum15. Birthplace Maryland16. Informant Howard BellAddress Robbins St. m Cambridge, Md.17. Burial Date thereof May 1, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Trinity Church CemeteryLocation Church Creek, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. May 2, 1946 John Mace Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH April 29, 1946, at 10:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. April 29, to April 29, 19. 46and that I last saw him alive on April 29, 19. 46Immediate cause of death Pulmonary Embolism

DURATION

Due to Coronary Renal Vascular Disease

Due to

Other conditions Arterio Sclerosis

(Include pregnancy within 8 months of death)

Major findings of operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) noMeans of injury no Injured at work?23. SIGNATURE Guy Steele M. D. or otherAddress Cambridge Md. Date signed 4/30-1946Dr. Steele
MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03712

Reg. Dist. No. 112

1. PLACE OF DEATH:

County DorchesterCity or town Vienna
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? —

Hospital, institution, or street address where death occurred:

Water StreetHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Vienna
(If outside city or town limits, write RURAL and give nearest town)Street No. Water St.
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Sallie Layton Bennett

3. (b) Social Security Number

—

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Samuel J. Bennett(Deceased 2/13/1941)

7. Birth date of

deceased (mo., day, yr.)

July 23, 1870.6. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

75823— hrs.— min.9. Birthplace Cokeland, Maryland

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home

MOTHER

FATHER

12. Name William J. Layton13. Birthplace Maryland14. Maiden name Laura Jane McNamara15. Birthplace Maryland16. Informant Mrs. Alton SpearAddress Vienna, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 19, 1946

(month) (day) (year)

Cemetery or crematory Vienna CemeteryLocation Vienna, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. April 19, 1946
(Date rec'd by registrar)Elizabeth G. Beale
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1946, at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended/deceased from

2-119 46to 4/1619 46and that I last saw h. ER alive on 4/1619 46

Immediate cause of death

Cerebral Hemorrhage 2 days.

DURATION

Due to

Hypertensive Cardiovascular Disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Cambridge, Md.

Date signed

4/17/46

81530

RECEIVED
APR 23 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

03713

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
109 Choptank Ave.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 109 Choptank Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3.(a) FULL NAME

Charles Harrison Christopher

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Sarah E. Wroten
 7. Birth date of deceased (mo., day, yr.) JAN. 31, 1869. 6.(c) If alive, give age 77 years
 8. AGE: Years 77 Months 2 Days 16 If less than one day — hrs. — min.

9. Birthplace Lakesville, Dor. Co., Maryland.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business "

12. Name Robert R. Christopher

13. Birthplace Maryland

14. Maiden name Katherine J. Willey

15. Birthplace Maryland

16. Informant Mr. Robert H. Christopher

Address Cambridge, Maryland.

17. Burial Date thereof April 21, 1946.
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 4-20-46 John Mace Jarrell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1946, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18, 1946 to April 18, 1946 and that I last saw him in to pronounce dead

Immediate cause of death Coronary artery thrombosis DURATION 5 hours

Due to Arteriosclerosis

Due to Hypertension

Other conditions Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following No

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE W. J. Blakes M. D. or other —

Address Cambridge Md Date signed 4/18/46

RECEIVED

APR 26 1946

BUREAU V. D. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County... BorchesterCity or town... Hurlock (Rural)
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... BorchesterCity or town... Hurlock (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jane E. Coulbourne

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.) No date. About 1854

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

92

..... hrs. min.

9. Birthplace... Borchester County Md.
(Town, county, and state)10. Usual occupation... House-work

11. Industry or business

FATHER

12. Name...

No data

13. Birthplace

No data

MOTHER

14. Maiden name...

No data

15. Birthplace

16. Informant... Annie Cornish

Address

Hurlock, Md. R. F. D.

17. (Burial, cremation, or removal. Which?)

BurialDate thereof... April 16, 1946
(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

Hurlock, Md. R. F. D.

18. Funeral director

J. J. Frankston & Son

Address

Federalburg, Md.19. April 16 - 46

(Date rec'd by registrar)

Chas. H. Haring

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 13 19 46, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 11 19 46, to April 13 19 46and that I last saw him alive on April 13 19 46

Immediate cause of death

DURATION

Chronic myocardial degeneration 5 yrs. +

Due to

Due to

General arteriosclerosis5 yrs. +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William E. Harrison MD

M. D. or other

Address

Hurlock MdDate signed 4/15/46

RECEIVED
APR 25 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

03715

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 Years
 Hospital, institution, or street address where death occurred:
10 Ross Court
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 10 Ross Court
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Annie W. Elliott

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife George F. Elliott
(Deceased-1934) 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 12, 1864.
 8. AGE: Years 81 Months 9 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Bivalve, Maryland.
 (Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home12. Name William H. Dunn13. Birthplace Maryland14. Maiden name Not Known15. Birthplace Maryland16. Informant Mrs. George WilleyAddress Cambridge, Maryland.

17. Burial Date thereof April 3, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. 4-3- 19 46 John M. [Signature]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1946 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 24 19 45, to 4-1 19 46
 and that I last saw her alive on March 30th 19 46

Immediate cause of death Uremia DURATION 3 days

Due to Renal-plegic (Rt.) 6 days

Due to arterio-sclerosis general and cerebral 2 yrs +

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations NoneAutopsy results None Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Eldridge H. [Signature] M.D. or other _____
 Address Cambridge, Md. Date signed 4-3-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

CERTIFICATE OF DEATH

03716

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 months 13 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 11 mos. 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Mardela
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Lottie Freeman

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widow
 6. (b) Name of husband or wife George R. Freeman
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November 4, 1861
 8. AGE: Years 84 Months 5 Days 2 It less than one day _____ hrs. _____ min.
 9. Birthplace Nottingham, England
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home
 12. Name Unknown
 13. Birthplace _____
 14. Maiden name Unknown
 15. Birthplace _____

16. Informant Hospital Records
 Address Cambridge, Maryland
 17. Burial Date thereof 4-9 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mardela Md
Phelps Cemetery
 Location Phelps, Penna.
Gravener Bros
 18. Funeral director Sharptown
 Address _____
 19. 4-6-46 John Mace Jr.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 19 46 at 12:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 24 19 45 to April 6 19 46
 and that I last saw him/her alive on April 6 19 46
 Immediate cause of death broncho-pneumonia

DURATION

2 days

Due to Senility
 Due to _____
 Other conditions Arteriosclerosis
Hypertension
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Robert E. Gardner
 M. D. or other _____
 Address Cambridge, Md. Date signed 4/6/46

RECEIVED

APR 10 1945

BUREAU V B

RECEIVED

APR 27 1946

BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

RFD # 3How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Henry Raymond Hubbard

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Floy Marshall6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

July 28, 1879

8. AGE:

Years 66Months 9Days -

If less than one day

hrs. min.

9. Birthplace RFD #3, Cambridge, Maryland.

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

SeafoodFATHER
MOTHER12. Name John Hubbard13. Birthplace Maryland14. Maiden name Cornelis Bennett15. Birthplace Maryland.16. Informant Floyd HubbardAddress RFD # 3, Cambridge, Maryland.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 1, 1946

(month) (day) (year)

Cemetery or crematory Speddans CemeteryLocation James, Dor. Co., Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. May 1st 46

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1946 at 10:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-1045

to

4-2846

and that I last saw him alive on

4-2745

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

Branchial Asthma

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 4/30/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03718

1

RECEIVED
MAY 3 1946
BUREAU V E

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

03719

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6 Church St.
(If rural, give LOCATION)
2.(a) If veteran, name war -

3. (a) FULL NAME
Thomas B. Hubbard

3. (b) Social Security Number
-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Nettie Henry Hubbard
6. (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) March 2, 1874.
8. AGE: Years 72 Months 1 Days 7 If less than one day
..... hrs. min.

9. Birthplace Cambridge, Dor. Co., Maryland.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Merchant

FATHER 12. Name William A. Hubbard

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Bennett

15. Birthplace Maryland

16. Informant Miss Margaret Hubbard

Address 6 Church St., Cambridge, Md.

17. Burial Date thereof April 11, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church Cemetery

Location Cambridge, Maryland.

18. Funeral director LE Compt's Funeral Service

Address Cambridge, Maryland.

19. 4-13-46 John Mace Jr. md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 10 19 46 at 10:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 9 19 46 to April 10 19 46
and that I last saw him alive on April 10 19 46

Immediate cause of death
Cerebral Accident
Right
Due to arteriosclerosis
Generalized

Other conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Eldridge H. Steffens

M. D. or other
Address Cambridge, Md. Date signed 4-11-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 15 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 326

03720

Evidence for change in age is shown on

FILM No. 104 MAY 28 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. Church Creek
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Prudence A. Hurley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife John A. Hurley

(Deceased)

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Sept., 1863

8. AGE:

Years

Months

Days

If less than one day

8283

hrs.

min.

9. Birthplace Vienna, RFD, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Domestic

MOTHER FATHER

12. Name William Hurley13. Birthplace Maryland14. Maiden name Amanda Elliott15. Birthplace Maryland16. Informant Mrs. Waldron FoxwellAddress Church Creek, Maryland17. Burial Date thereof May 2, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Vienna CemeteryLocation Vienna, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. Gray - 19 46
(Date rec'd by registrar)John MacFarland
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1946 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 16, 1946 to April 19, 1946
and that I last saw him alive on April 28, 1946

Immediate cause of death

Metastatic Carcinoma
Carcinoma (adenocarcinoma)
of bladder

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Adenocarcinoma
Bladder Date of op. 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge Md Date signed 4/30/46

RECEIVED

MAY 3 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

03721

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Church CreekHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. Church Creek
(If rural, give LOCATION)2.(a) If veteran, name war -

3.(a) FULL NAME

John W. Jones

3.(b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Sallie E. Smith6.(c) If alive, give age - years

7. Birth date of

deceased (mo., day, yr.) May 28, 1867

8. AGE:

Years 78Months 10Days 7

If less than one day

.....hrs.min.

9. Birthplace Church Creek, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Retired12. Name John W. Jones13. Birthplace Maryland14. Maiden name Sarah E. Linthicum15. Birthplace Maryland16. Informant Mrs. Sallie E. JonesAddress Church Creek, Maryland17. Burial Date thereof April 7, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Trinity CemeteryLocation Church Creek, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 4/11/46 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1946 at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 30, 1946 to April 2, 1946and that I last saw him alive on April 2, 1946

Immediate cause of death

arterio-sclerosis

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE P. H. Thomas

M. D. or other

Address Cambridge, Md. Date signed 4/7/46

RECEIVED

APR 10 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89a

CERTIFICATE OF DEATH

03722

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Luskwood
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new born infants give residence of mother)
 State Maryland County Dorchester

City or town Luskwood
 (If outside city or town limits, write RURAL and give nearest town)

Street No. none
 (If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME

Clark H. Lewis

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

8.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 5-19268. AGE: Years 20 Months 2 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William H. Lewis13. Birthplace Vicenna Md.14. Maiden name Mary E. Clark15. Birthplace Ridge, Md.16. Informant William H. LewisAddress Luskwood Md.17. Burial Date thereof April 23-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium East New MarketLocation East New Market, Md.18. Funeral director Samuel R. ThomasAddress Cambridge, Md.19. 4-23- 46 John M. Jones

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 46 2:15 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 19 46 to April 21 19 46 and that I last saw him alive on April 21 19 46Immediate cause of death Abscess of brain

DURATION

14 daysDue to Extension from otitis internaChronic

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. D. Brown M. D. or otherAddress East New Market Date signed 4/23/46

SSS

RECEIVED

APR 26 1946

BUREAU V.S.

ANTHONY LOBBE

RECORDS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of information on certificate is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 146-01

CERTIFICATE OF DEATH

03723

Reg. Dist. No. 116

FILM No. 101 APR 12 1946

1. PLACE OF DEATH:

County... Dorchester

City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester

City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Beatrice Mack

3. (b) Social Security Number

4. Sex Female 5. Color or race Calend Midway 6. (a) Single, married, widowed, or divorced Calvin Mack

6. (b) Name of husband or wife Calvin Mack

7. Birth date of deceased (mo., day, yr.) Sept 1 1910 6. (c) If alive, give age 34 years

8. AGE: Years 35 Months 5 Days 2 if less than one day _____ hrs. _____ min.

9. Birthplace Spain Point, Md
(Town, county, and state)

10. Usual occupation Laboer

11. Industry or business _____

12. Name Milton Benjamin

13. Birthplace Maderison

14. Maiden name Elmore LeCompte

15. Birthplace Maderison

16. Informant Mary Francis

Address Cambridge

17. Date thereof April

(Burial, cremation, or removal, Which?) Church Creek

Cemetery or crematory Church Creek

Location Church Creek

18. Funeral director Levin H. Bayne

Address Cambridge Md

19. Date rec'd by registrar 4-5-46 John Mack, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1946 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 46 to April 1946 and that I last saw him alive on April 1946

Immediate cause of death UREMIA -

Due to TOXEMIA OF PREGNANCY

HEMORRHAGE DUE

PLACENTAL PRIMA

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations Scars

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. J. Bayne M. D. or other _____

Address Cambridge Date signed 4/4/46

RECEIVED
APR 9 1966
BUREAU OF A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

03724

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 34 Years

Hospital, institution, or street address where death occurred:

Cambridge Armory--Gay St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Dorchester
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Raymond J. McCarter

3. (b) Social Security Number

214-07-7173

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Florence Bramble McCarter6.(c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) Sept. 14, 1892.8. AGE: Years 53 Months 6 Days 27 If less than one day
.....hrs.min.9. Birthplace Madison, Dor. Co., Maryland.
(Town, county, and state)10. Usual occupation Drawbridge Attendant11. Industry or business State Road Commission12. Name James F. McCarter13. Birthplace Maryland14. Maiden name Sarah J. Burton15. Birthplace Maryland.16. Informant Mr. Nolan McCarterAddress Dorchester Ave., Cambridge, Md.17. Burial Date thereof April 14, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral Service.Address Cambridge, Maryland.19. 4/14/46 19 46 John MacCarter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1946 at 10:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....
and that I last saw him alive on19.....

Immediate cause of death

Disease of Coronary Arteries cardiac
Atherosclerosis years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. K. Shriver, M.D. John MacCarter
M. D. or otherAddress Cambridge, Md. Date signed April 18, 1946

1946

RECEIVED
APR 18 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03725

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....9 yrs 5 mos. 22 ds
 Hospital, institution, or street address where death occurred:
 Eastern Shore State Hospital
 How long in hospital or institution?.....9 yrs 5 mos 22 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Dorchester
 City or town.....Rising Sun
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles McCummins

3. (b) Social Security Number

none

4. Sex.....Male
 5. Color or race.....White
 6.(a) Single, married, widowed, or divorced.....Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age.....years
 7. Birth date of deceased (mo., day, yr.).....Unknown
 8. AGE: Years.....51 Months.....Days.....If less than one day.....hrs.min.

9. Birthplace.....Unknown
 (Town, county, and state)
 10. Usual occupation.....None
 11. Industry or business.....
 12. Name.....Unknown
 13. Birthplace.....
 14. Maiden name.....
 15. Birthplace.....

16. Informant.....Hospital Records
 Address.....Cambridge, Maryland
 17. Burial, cremation, or removal. Which?.....Date thereof.....April 26 1986
 (month) (day) (year)
 Cemetery or crematorium.....Piermont Pa.
 Location.....
 18. Funeral director.....J. E. Tyson.
 Address.....Rising Sun, Md.
 19. 4-25-46 John Mow Jr. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 22 1946 at 10.15p.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 May 1 1943 to April 22 1946
 and that I last saw him alive on April 22 1946

Immediate cause of death.....
 Bronchopneumonia and pleurisy

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide.....Date of.....
 Where did injury occur?.....(City or town).....(County).....(State)
 Injured at home, farm, industry, public place (where?).....
 Means of Injury.....Injured at work?

23. SIGNATURE.....
 Address.....Cambridge
 Date signed.....April 23

RECEIVED
APR 27 1946
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 03726,6

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....19 days
 Hospital, institution, or street address where death occurred:
 Eastern Shore State Hospital
 How long in hospital or institution?.....19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Cecil
 City or town.....North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Agnes Meekins

3. (b) Social Security Number

none

4. Sex.....Female
 5. Color or race.....White
 6.(a) Single, married, widowed, or divorced.....Married
 8.(b) Name of husband or wife.....Mr. Andrew Meekins
 North East, Maryland
 7. Birth date of deceased (mo., day, yr.).....January 28, 1889
 8. AGE: Years.....57 Months.....2 Days.....6 It less than one day.....hrs.min.
 9. Birthplace.....North East, Cecil County, Maryland
 (Town, county, and state)
 10. Usual occupation.....Housewife
 11. Industry or business.....Own Home
 12. Name.....Henry Alexander
 13. Birthplace.....Cecil County, Maryland
 14. Maiden name.....Katherine Wyre
 15. Birthplace.....Cecil County, Maryland
 16. Informant.....Hospital Records
 Address.....Cambridge, Maryland
 17. Burial Date thereof.....April 6, 1946
 (Burial, cremation, or removal. Which?).....(month) (day) (year)
 Cemetery or crematory.....North East
 Location.....North East, Cecil Co., Md.
 18. Funeral director.....J. A. Satterton
 Address.....Perryville, Md.
 19. April 4, 1946 John Mace Jr. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 3, 1946 at 2.25P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 March 15, 1946 to April 3, 1946
 and that I last saw her alive on April 3, 1946
 Immediate cause of death.....Cerebral Thrombosis 30h DURATION
 Cerebral Arteriosclerosis
 Due to.....
 Due to.....
 Other conditions.....Manic Depressive Psychosis 7 mos
 (Include pregnancy within 3 months of death)

Major findings of operations.....Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....(City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....M. D. or other
 Address.....Cambridge, Maryland Date signed.....4/3/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07356

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
CERTIFICATE OF MAILING

RECEIVED
APR 9 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

03727

CERTIFICATE OF DEATH

★ Reg. Diat. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Day

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 12 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Toddville
(If outside city or town limits, write RURAL and give nearest town)Street No. Toddville
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Oswald B. Meredith

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Ruby Kirwan Meredith
(Deceased)7. Birth date of deceased (mo., day, yr.) Jan. 21, 1897.

6. (c) If alive, give age _____ years

8. AGE:

Years

49

Months

3

Days

7

If less than one day

_____ hrs.

_____ min.

9. Birthplace Toddville, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Oyster Packer11. Industry or business Seafood Packer

FATHER

12. Name Charles Meredith13. Birthplace Maryland

MOTHER

14. Maiden name Victoria Robinson15. Birthplace Maryland16. Informant Miss Blanche KirwanAddress Crapo, Dor. Co., Maryland.17. Burial Date thereon April 30, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. May 1st 19 46 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 28 19 46 at 7:30A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 27 19 46 to April 28 19 46
and that I last saw him alive on April 28 19 46

Immediate cause of death

Cerebral Hemorrhage
with
Right Hemiplegia

DURATION

11 hours

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op. _____

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Doffner
Cambridge Md

M. D. or other

Address _____ Date signed 4-28-46

MARGIN RESERVED FOR BINDING

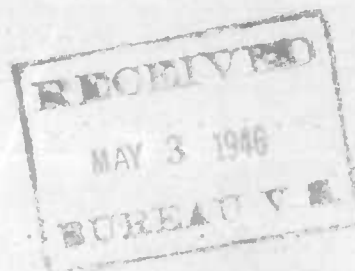
VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1950

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED



67-150-1-3538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-4)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....3 yrs. 3 mos. 8 days
 Hospital, institution, or street address where death occurred:
 Eastern Shore State Hospital
 How long in hospital or institution?.....3 yrs. 3 mos. 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland.....County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Anna Maria Phillips

3. (b) Social Security Number

4. Sex.....Female.....5. Color or race.....White.....6.(a) Single, married, widowed, or divorced.....Widow
 6.(b) Name of husband or wife.....Isaac Phillips
 7. Birth date of deceased (mo., day, yr.).....July 1, 1861.....8.(c) If alive, give age.....years
 8. AGE: Years.....84.....Months.....9.....Days.....4.....If less than one day.....hrs.min.

9. Birthplace.....Bishopshead, Dor. Cty., Maryland
 (Town, county, and state)

10. Usual occupation.....Housewife

11. Industry or business.....Own home

12. Name.....James Robbins

13. Birthplace.....Maryland

14. Maiden name.....Nancy G. Cannon

15. Birthplace.....Maryland

16. Informant.....Hospital Records

Address.....Cambridge, Maryland

17. Burial.....Date thereof.....April 7, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Dorchester Memorial Park

Location.....Cambridge, Maryland

18. Funeral director.....LeComete's Fneral Service

Address.....Cambridge, Maryland.

19. 4/12/46.....John Mace Jr. M.D. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 5.....19..46..at 2:10P..M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 28.....19..46..to April 5.....19..46

and that I last saw h.....er.....alive on April 5.....19..46

Immediate cause of death.....Hyper-tensive
 cardio-vascular disease.....DURATION
 8 yrs.

Due to.....

Due to.....

Other conditions.....Hemiplegia psychosis

with cerebral arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....Injured at work?

23. SIGNATURE.....M. D. or other

Address.....Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

CERTIFICATE OF DEATH

03729
Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? several years
Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital
How long in hospital or institution? 1 Hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Bramble's Grove
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Queenie Primus

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Frank Primus
6.(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) December 19, 1895
8. AGE: Years 50 Months 3 Days 19 It less than one day X hrs. X min.

9. Birthplace Florida
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business
12. Name unknown
13. Birthplace Florida
14. Maiden name unknown
15. Birthplace Florida

16. Informant Frank Primus
Address Bramble's Grove - Cambridge, Md.
17. Silent City April 10
(Burial, cremation, or removal. Which? Date thereof (month) (day) (year))
Cemetery or crematory Cambridge
Location Cambridge
18. Funeral director James H. Bennett
Address 205 Washington St
4-10- 19. 4-6
(Date rec'd by registrar) Registrar John May Jr. MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 46 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19 46, to X 19 46and that I last saw h X alive on X 19 46

Immediate cause of death Haemorrhage
following stab wounds in
chest

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of Apr. 7/46Where did injury occur? Cambridge Dor. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury Stab wounds Injured at work? no23. SIGNATURE Jo. K. Shriver - Dep. Med. Exam. M. D. or otherAddress Cambridge, Md. Date signed Apr. 8/46

RECEIVED

APR 11 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

03730

Reg. Dist. No. 156

1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 19 years

Hospital, institution, or street address where death occurred:

416 Hughlett St.How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... DorchesterCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 416 Hughlett St.
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Leander W. Pritchett

3. (b) Social Security Number

—

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Katie Todd(Died Dec. 10, 1943) 6. (c) If alive, give age — years

7. Birth date of

deceased (mo., day, yr.)

Jan. 31, 1878.

8. AGE:

Years

Months

Days

If less than one day

68226

hrs.

min.

9. Birthplace Crocheron, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Waterman11. Industry or business Seafood

FATHER

12. Name John L. Pritchett13. Birthplace Maryland

MOTHER

14. Maiden name Frances L. Murphy15. Birthplace Maryland16. Informant Mr. Stanley W. PritchettAddress 416 Hughlett St., Cambridge, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 29, 1946
(month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 5-1-1946
(Date rec'd by registrar)John Mace Jr. M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1946, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased

Dead by clinical
and that I last saw him alive on leaden pipe 19

Immediate cause of death

Coronary occlusion

DURATION

5 minutes?Due to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. —Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of Injury —Injured at work? —23. SIGNATURE Elderly H. Woolf
acting Deputy Medical Examiner

M. D. or other

Address Cambridge, Md.Date signed 4-28-46

RECEIVED

MAY 3 1946

BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 Days
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural--Wingate
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Wingate
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Victoria Adams Pritchett

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Edward E. Pritchett(Deceased 3/24/1943). 6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Oct. 24, 1868.

8. AGE:

Years

Months

Days

If less than one day

77522

_____ hrs.

_____ min.

9. Birthplace Wingate, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home

MOTHER FATHER

12. Name Wesley Adams13. Birthplace Maryland14. Maiden name Louise Parks15. Birthplace Maryland16. Informant Mr. Hillary PritchettAddress Toddville, Maryland.17. Burial April 18, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Adams CemeteryLocation Wingate, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 4-17- 46

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1946 at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 6, 1946 to April 16, 1946and that I last saw her alive on April 16, 1946Immediate cause of death Uremia

DURATION

10 daysDue to Chronic interstitial nephritis. C. 22.Duration: Unknown

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. H. Tawse

M. D. or other

Address Cambridge, Md Date signed 4/17/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15760

RECEIVED

APR 20 1946

BUREAU V.B.

ATTENTION

FOR CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *93*

CERTIFICATE OF DEATH

03732

Reg. Dist. No. *110*

1. PLACE OF DEATH:

County *Dorchester*
 City or town *Hurlock*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sarah M. Ross. Ross

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *March 18 1858*
 6. (c) If alive, give age _____ years

8. AGE:

Years *88* Months *1* Days *15* If less than one day
 _____ hrs. _____ min.

9. Birthplace

md
(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

12. Name *James Pitts*

13. Birthplace

md
Elizabeth Milligan

14. Maiden name

md

15. Birthplace

Daley Ross

16. Informant

H. Hurlock

17. Burial

(Burial, cremation, or removal, Which?) *Burial* Date thereof *April 18 1946*
 (month) (day) (year)

Cemetery or crematory

Cemetery

Location

Hurlock
H.B. Milloughly

18. Funeral director

Hurlock

19. Date rec'd by registrar

April 18 1946 *Charles Hurling*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Dorchester*City or town *Hurlock md*
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH *April 16* 19 *46* at *4:00 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 14 19 *46* to *April 16* 19 *46*
 and that I last saw him alive on *April 15* 19 *46*

Immediate cause of death

Myocardial Degeneration

DURATION

Due to *auricular fibrillation* *1 yr +*Due to *general arteriosclerosis* *3 days*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

William C. Harrison MD
Hurlock Md. M. D. or otherAddress *Hurlock Md.* Date signed *4/17/46*

RECEIVED

APR 25 1946

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of **MARYLAND STATE DEPARTMENT OF HEALTH**
usual residence of deceased is 2411 N. Charles St., Baltimore (131-5)
shown on **FILM No. I O 1 APR 29 1946** **CERTIFICATE OF DEATH**

Reg. Dist. No. **037281**

1. PLACE OF DEATH:

County **Dorchester**
City or town **East New Market**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Emma Louise Sampson

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, married, widowed, or divorced **Married**

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **Oct 4 1899** B. (c) If alive, give age years

8. AGE: Years **47** Months **5** Days **24** If less than one day
.....hrs.min.

9. Birthplace **Ind**
(Town, county, and state)

10. Usual occupation **House work**

11. Industry or business

12. Name **Pernal Cepher**

13. Birthplace **Ind**

14. Maiden name **Eliza Ross**

15. Birthplace **Ind**

16. Informant **Edgar Sampson**

Address **East New Market**

17. **Burial** Date thereof **April 12 1946**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Cemeteries**

Location **East New Market**

18. Funeral director **F. B. Mullaugh**

Address **East New Market**

19. **April 11 1946** Elizabeth Simile
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Dorchester**

City or town **East New Market**
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 10 1946** at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death **Myocardial Failure**

Due to **Arteriosclerosis**

Due to **Chronic Nephritis**

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE **J. J. Banks**

Address **Cambridge, Md.** M. D. or other **4/12/46**

Date signed

RECEIVED

APR 22 1965

BUREAU V. S.

6-1-1

L9

9761

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1362

03734

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
13 Locust St.
How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 13 Locust St.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Margaret Jones Seward

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Charles H. Seward
6.(c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) Nov. 26, 1866.
8. AGE: Years 79 Months 4 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County, Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Home
12. Name James Jones
13. Birthplace Maryland
14. Maiden name Margaret Radcliff
15. Birthplace Maryland

16. Informant Mr. C. H. Seward
Address 13 Locust St., Cambridge, Md.
17. Burial Date thereof April 20, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Dorchester Memorial Park
Location Cambridge, Maryland
18. Funeral director Le Compte's Funeral Service
Address Cambridge, Maryland
19. 4-20-46 John Mawje
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946. at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11, 1946 to April 17, 1946
and that I last saw her alive on April 17, 1946
Immediate cause of death Coronary Occlusion
Due to Arterio Sclerotic
Cardiovascular Renal
Disease
Other conditions _____

DURATION
10 min
6 yr +

(Include pregnancy within 3 months of death)
Major findings of operations None Date of op. _____

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Eldridge Hebbel
M. D. or other _____
Address Bearbridge, Md. Date signed 4-18-46

MARGIN RESERVED FOR BINDING

VS A15 9145-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 26 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-2

CERTIFICATE OF DEATH

03735

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Pine Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

Street No..... Pine Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

EDWARD SMITH

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... colored 6.(a) Single, married, widowed, or divorced..... widowed

6.(b) Name of husband or wife..... Gracie Smith
Deceased 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... 1872

8. AGE: Years..... 74 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Delaware
 (Town, county, and state)
Laborer

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name..... Issac Smith
 13. Birthplace..... Parsonsburg, Md.
 14. Maiden name..... Martha Parsons
 15. Birthplace.....

16. Informant..... Clarence Smith - son
 Address..... Pine St. Cambridge, Md.

Buried Date thereof..... 4-23-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Williamsville Cemetery
Harrington, Delaware
 Location.....

18. Funeral director..... Lewis H. Bayneum
 Address..... Cambridge, Md.

19. 4-23-46 19. John M. [unclear]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 19, 19 46 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1945 to April 19 1946; and that I last saw him alive on April 18 1946.

Immediate cause of death..... Cerebral hemorrhage - 1 day

Due to..... Arteriosclerosis with hypertension. 8 yrs.

Due to.....

Other conditions..... Anginal hernia 3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... Alfred E. Brunker M.D. M. D. or other
 Address..... Cambridge Md. Date signed..... 4/23/46

RECEIVED
MAY 1 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

03736

Reg. Dist. No. 110

1. PLACE OF DEATH: County..... <u>Dorchester</u> City or town..... <u>Federalsburg (Rural)</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>all of life</u> Hospital, institution, or street address where death occurred: <u>R.F.D.#1</u> How long in hospital or institution?..... <u>none</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Federalsburg (Rural)</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>R.F.D.#1</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Mary Elizabeth Washington</u>				3. (b) Social Security Number <u>none</u>			
4. Sex <u>female</u>		5. Color or race <u>colored</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Thomas E. Washington</u>				6. (c) If alive, give age <u>53</u> years			
7. Birth date of deceased (mo., day, yr.) <u>1898</u>				8. AGE: Years <u>53</u> Months <u>x</u> Days <u>x</u> If less than one day hrs. min.			
9. Birthplace <u>Maryland</u> (Town, county, and state)				10. Usual occupation <u>Housework</u>			
11. Industry or business <u>self</u>				12. Name <u>John H. Cannon</u>			
13. Birthplace <u>Maryland</u>				14. Maiden name <u>Nancy Coulburn</u>			
15. Birthplace <u>Maryland</u>				16. Informant <u>Thomas E. Washington</u> Address <u>Federalsburg, Md. R.F.D.#1</u>			
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof..... <u>April 26, 1946</u> (month) (day) (year) Cemetery or crematory..... <u>Federal Hill Cemetery</u> Location..... <u>Federalsburg, Md.</u>				18. Funeral director <u>J. Harvey Williamson</u> Address <u>Federalsburg, Md.</u>			
19. (Date rec'd by registrar) <u>April 23</u> 19 <u>46</u> Registrar <u>Charles H. ...</u>				20. DATE OF DEATH <u>April 22</u> 19 <u>46</u> at <u>noon</u> M			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>x</u> 19....., to..... <u>x</u> 19..... and that I last saw h..... alive on..... <u>x</u> 19..... Immediate cause of death <u>Chronic Myocarditis</u>							
DURATION <u>3 mon.</u>							
Due to <u>x</u>							
Due to <u>x</u>							
Other conditions <u>x</u>							
(Include pregnancy within 3 months of death)							
Major findings of operations							
Date of op.....							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE <u>Dr. B. Shriver, Dep. Med. Exam.</u> M. D. or other..... Address <u>Cambridge, Md.</u> Date signed <u>Apr. 23/46</u>							

RECEIVED
MAY 8 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15a)

CERTIFICATE OF DEATH

Reg. Dist. No. 03737/16

1. PLACE OF DEATH: Dorchester
 County Cambridge Md
 City or town Cambridge Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 day
 Hospital, institution, or street address where death occurred:
Cambridge Md Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Washington St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Henry Wilson

3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (a) Single married, widowed, or divorced married
 6. (b) Name of husband or wife Hattie Wilson

7. Birth date of deceased (mo., day, yr.) 1888 6. (c) If alive, give age 53 years

8. AGE: Years 58 Months Days If less than one day hrs. min.

9. Birthplace Brightstown Md. Dor. Co.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Edward Wilson

13. Birthplace Dor. Co.

14. Maiden name Leah Harris

15. Birthplace Dor. Co.

16. Informant Hattie Wilson

Address Washington St. Cambridge Md

17. Burial Date thereof Apr 29 / 46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Bethel Cemetery, Cambridge Md

18. Funeral director Louis H. Boyce

Address Cambridge Md

19. 4-29- 19 46 John Macfarlane

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 46 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 46 April 26 19 46 and that I last saw him alive on April 26 19 46

Immediate cause of death

Myocardial failure DURATION 7 hours

Due to asphyxiation due to

phlegmon neck 6 days

Due to

Prostatism 4 years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Phlegmon

Date of op. 4/26/46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. J. Canty M. D. or other

Address Cambridge Md Date signed 4/26/46

50720

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

Washington, D.C.

May 1, 1946

Dear Sir:

Reference is made to your letter of April 26, 1946, regarding the matter of the

proposed amendment to the Federal Bureau of Investigation (FBI) Manual.

The Bureau has reviewed the proposed amendment and has determined that it is

not necessary to make any change in the existing Manual at this time.

Very truly yours,

Director

RECEIVED

MAY 1 1946

BUREAU V.E.

Enclosed

ATTORNEY GENERAL

U.S. DEPARTMENT OF JUSTICE

Washington, D.C.

May 1, 1946

Enclosed for the Bureau are two copies of the proposed amendment to the

FBI Manual, as previously mentioned in your letter of April 26, 1946.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-6

CERTIFICATE OF DEATH

03738

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 62 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? 62 years

3. (a) FULL NAME

Bertha L. Wright

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

St. Martin Wright

7. Birth date of deceased (mo., day, yr.)

Sept. 18 - 1853

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>6</u>	<u>17</u>hrs.min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

John Lyle

12. Name

Maryland

13. Birthplace

Susanne Wilks

14. Maiden name

Maryland

15. Birthplace

H. Lyle Wright

16. Informant

Cambridge Md

Address

Bureau

17. (Burial, cremation, or removal) Which?

Christ Church

Cemetery or crematory

Cambridge Md.

Location

Remeth P. Thomas

18. Funeral director

Cambridge, Md.

Address

4/7/1946

(Date the day registrant)

19. 4/7/1946 19. 46 John Mace Jr Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 317 Choplank Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 5 1946 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 4 1946 to April 5 1946and that I last saw h. alive on April 5 1946Immediate cause of death Chronic Bronchitis& pulm. asbestosis from exposuresenilityDue to arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations no operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Ken Blute MDAddress Cambridge, Md.Date signed 4/6-1946

RECEIVED
APR 10 1946
BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

CERTIFICATE OF DEATH

103739 116
Reg. Dist. No.

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs. 5 Mo. 10 dys.
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 3 yrs. 5 Mo. 10 dys.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Samuel Wright

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
B.(b) Name of husband or wife Jennie Ellingsworth
6.(c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) October 1863
8. AGE: Years 82 Months 5 Days If less than one day hrs. min.

9. Birthplace East New Market, Dor. Co. Md.
(Town, county, and state)
10. Usual occupation Farmer-Waterman-Engineer
11. Industry or business

FATHER
12. Name Samuel Martin Wright
13. Birthplace Maryland
MOTHER
14. Maiden name Sarah Susie Mills
15. Birthplace Maryland

16. Informant Hospital Records
Address E.S.S.Hosp. Cambridge, Maryland

17. Burial Date thereof April 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cambridge Cemetery
Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. 4-3-46 Registrar John M. Wright Jr. Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1946 at 2 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 23 1942 to April 3, 1946
and that I last saw him alive on April 3, 1946

Immediate cause of death

DURATION
<u>More than 3 1/2 yrs.</u>

Chronic Myocarditis & Myocardial degeneration, aortic stenosis

Due to Senility
Other conditions Psychosis with Cerebral Arteriosclerosis 5 yrs
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John M. Wright Jr. Md. M. D. or other
Address Cambridge, Md Date signed 4/3/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

03740

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... several years
 Hospital, institution, or street address where death occurred:
15 Hubbard St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 15 Hubbard St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lucille Bessie Yates

3. (b) Social Security Number

4. Sex..... female 5. Color or race..... colored 6.(a) Single, married, widowed, or divorced..... single
 6.(b) Name of husband or wife..... X
 7. Birth date of deceased (mo., day, yr.)..... November 22, 1903
 8. AGE: Years..... 43 Months..... 4 Days..... 28 If less than one day..... hrs. min.

9. Birthplace..... Pennsylvania
 (Town, county, and state)
 10. Usual occupation..... Canning Factory
 11. Industry or business..... Canning
 12. Name..... unknown
 13. Birthplace..... X
 14. Maiden name..... unknown
 15. Birthplace..... X

16. Informant..... Frances Lyte (daughter)
 Address..... 1924 N. 21st St. Philadelphia

17. Burial..... Date thereof..... 4-25-46^{PM}
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Waugh Cemetery
Cambridge, Md.
 Location.....

18. Funeral director..... Lewis H. Baynuem
 Address..... Cambridge, Md.

19. 4-23- 19 46 John M. J. [Signature]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 20 19 46 at 6-30A AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... X..... 19....., to..... X..... 19.....
 and that I last saw h..... alive on..... X..... 19.....

Immediate cause of death..... Cerebral Haemorrhage DURATION..... 30 min.

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... John K. Shriver, Dep. Med Exam.
 M. D. or other.....
 Address..... Cambridge, Md. Date signed..... Apr. 22/46

RECEIVED

APR 26 1946

BUREAU OF